

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

 STATEMENT OF ECONOMIC INTERESTS
Schedule D to follow

 Date Received
 Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
LOPEZ	CARRIE		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
		OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

DEPT. OF CONSUMER AFFAIRS

Division, Board, District, if applicable:

Your Position:

DIRECTOR

☐ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____
 (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate

4. Schedule Summary

☒ Total number of pages including this cover page: _____

☒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

 Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

 Schedule B ☐ Yes - schedule attached
Real Property

 Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

 Schedule D ☒ Yes - schedule attached
Income - Gifts

 Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

NAME OF SOURCE

Rogers Group

ADDRESS

1875 Century Park East, Suite 200, LA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 7 / 07	\$ 50.00	Floral Arrangement
/ /	\$	
/ /	\$	

NAME OF SOURCE

CA Chamber of Commerce

ADDRESS

1215 K Street, # 1400, Sac. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 13 / 07	\$ 20.00	Luncheon/chairman
/ /	\$	CEO B of A
9 / 5 / 07	\$ 54.63	Luncheon/Gov. Sanor

NAME OF SOURCE

Bank of America

ADDRESS

333 F Hope, Los Angeles, 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 23 / 07	\$ 51.64	Luncheon
6 / 23 / 07	\$ 300.00	US conference of
/ /	\$	Mayors

NAME OF SOURCE

Steven Diels

ADDRESS

800 N. Pacific Coast Hwy, Rando Beach, 90277

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 4 / 07	\$ 100.00	2 game tickets
/ /	\$	
/ /	\$	

NAME OF SOURCE

Hedy Chang

ADDRESS

16905 Sundance Drive, Morgan Hills, 95037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / / 07	\$ 62.99	Floral arrangement
/ /	\$	
/ /	\$	

NAME OF SOURCE

Sempra Energy

ADDRESS

101 Ash St. San Diego, 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 17 / 07	\$ 170.07	dinner/concert tickets
9 / 2 / 07	\$ 86.02	dinner/refreshment
9 / 2 / 07	\$ 130.00	Tickets

Comments: _____

Agustine Carbone

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

> NAME OF SOURCE

Dr. Steven Casagrande

ADDRESS

1111 24th St, Suit 203, Sac. CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 07	\$ 90.81	Floral Arrangement
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

> NAME OF SOURCE

Osteopathic Medical Board

ADDRESS

2720 Gateway Oaks Dr. #350, Sac 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 24 / 07	\$ 91.81	Floral Arrangement
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____